

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001112

1. Entity Name

CONTINENTAL MILLS, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90130 001 ***158.75

Principal Place of Business

PO BOX 88176
TUKWILA WA 98138

Mailing Address

PO BOX 88176
SEATTLE WA 98138-2176
US

2. Principal Place of Business

18125 Andover Park West

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tukwila, WA

City & State

Zip

98188

Country

Zip

Country

4. FEI Number

91-0186630

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HEILY, JOHN M	
STREET ADDRESS	18125 ANDOVER PK. W.	
CITY-ST-ZIP	TUKWILA WA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WISE, RONALD	
STREET ADDRESS	18125 ANDOVER PK. W.	
CITY-ST-ZIP	TUKWILA WA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BERRY, CHARLES	
STREET ADDRESS	18125 ANDOVER PK. W.	
CITY-ST-ZIP	TUKWILA WA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HARRIS, MARK	
STREET ADDRESS	18125 ANDOVER PK. W.	
CITY-ST-ZIP	TUKWILA WA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	REISHUS, CINDY	
STREET ADDRESS	18125 ANDOVER PK. W.	
CITY-ST-ZIP	TUKWILA WA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HERSHBERGER, JAMES M	
STREET ADDRESS	18125 ANDOVER PK. W.	
CITY-ST-ZIP	TUKWILA WA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hixson, Dennis	
STREET ADDRESS	18125 Andover Park West	
CITY-ST-ZIP	Tukwila, WA 98188	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Matteo, Dennis	
STREET ADDRESS	18125 Andover Park West	
CITY-ST-ZIP	Tukwila, WA 98188	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James M. Hershberger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M. Hershberger January 20, 2000 (253) 872-8400

Date

Daytime Phone #